

Application Data Sheet

Application Information

Application number:: 09/848,990
Filing Date:: 05/03/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)::
Number of copies of CRF::
Title:: TREATMENT OF HYPERTRIGLYCERIDEMIA
AND OTHER CONDITIONS USING LXR
MODULATORS
Attorney Docket Number:: 018781-004910US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 12
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bei
Middle Name::
Family Name:: Shan
Name Suffix::
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 349 Quay Lane
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joshua
Middle Name::
Family Name:: Schultz
Name Suffix::
City of Residence:: Half Moon Bay
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: P.O. Box 765
City of Mailing Address:: Half Moon Bay
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Hua

Middle Name::

Family Name:: Tu

Name Suffix::

City of Residence:: San Bruno

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 750 Glenview Drive, Apt. 307

City of Mailing Address:: San Bruno

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94066

Correspondence Information

Correspondence Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Non-Provisional of 60/201,601 05/03/00